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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/230,085 08/29/2002
 which is a CIP of 09/537,118 03/29/2000
 which is a CIP of PCT/US97/17899 10/01/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 12/18/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NJ	SHEETS DRAWING 1	TOTAL CLAIMS 104	INDEPENDENT CLAIMS 8
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ADDRESS
 24998
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 2101 L Street, NW
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 20037

TITLE
 Buccal, polar and non-polar spray containing ondansetron

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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